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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention WATER POWERED WASHING AND RINSING DEVICE

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Michael Dutka

Signature: [Signature] Citizen of: USA

Inventor two: William Bravqua

Signature: William Bravqua Citizen of: USA

Inventor three: Anne Troop - Anne Troop

Signature: Anne Troop Citizen of: USA

Inventor four: Elissa Hoeger

Signature: Elissa Hoeger Citizen of: U.S.A.

☐ Additional inventors are being named on one additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FULL NAME OF INVENTOR(S)

Inventor one: Chris Riley

Signature: C Riley Citizen of: USA

Inventor two: PHILIP SALVIE

Signature: PHILIP SALVIE Citizen of: USA

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name **DAVID PETER ALAN, Esq., No. 30,905**

Address **81 Second St.**

City **South Orange,** State **N.J.** ZIP **07079**

Country **USA** Telephone **(973) 762-6543** Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Michael** Family Name or Surname **Dutta**

Inventor's Signature **Michael Dutta** Date **10/29/01**

Residence: City **Doylestown** State **PA** Country **USA** Citizenship **USA**

Mailing Address **4836 Cold Spring Creamery Road**
City **DOYLESTOWN** State **PA** ZIP **18901** Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **William** Family Name or Surname **Bevacqua**

Inventor's Signature **William Bevacqua** Date **10/29/01**

Residence: City **Califon** State **N.J.** Country **USA** Citizenship **yes**

Mailing Address **547 W. Hill Road**
City **Califon** State **N.J.** ZIP **07830** Country **Hunterdon**

☐ Additional inventors are being named on the **2** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

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PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION


ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Anne M.		Troop	
Inventor's Signature	Anne M. Troop	Date 10/29/2001	
Residence: City	Metuchen	State	NJ
		Country	USA
		Citizenship	USA
Mailing Address 150 Maple Ave			
Mailing Address			
City	Metuchen	State	NJ
		ZIP	08840
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Elissa Sue		Hoeger	
Inventor's Signature	Elissa S. Hoeger	Date Oct. 29, 2001	
Residence: City	Princeton	State	NJ
		Country	U.S.A.
		Citizenship	U.S.A.
Mailing Address 7X Magie Apts Faculty Rd			
Mailing Address			
City	Princeton	State	NJ
		ZIP	08540
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Christopher Ray		Riley	
Inventor's Signature	C Riley	Date 10-29-2001	
Residence: City	Scotch Plains	State	NJ
		Country	USA
		Citizenship	USA
Mailing Address 2104 Jersey Ave			
Mailing Address			
City	Scotch Plains	State	NJ
		ZIP	07076
		Country	USA

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Please type a plus sign (+) inside this box → 

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ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

PHILIP

SALVIE

Inventor's
Signature

Philip V. Salvie

Date 29 OCT 2001

Residence: City METUCHEN

State NJ

Country USA

Citizenship USA

Mailing Address 150 MALE AVE.

Mailing Address

City METUCHEN

State NJ

ZIP 08840

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

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Serial or Patent No. : _____ File No. _____
Filing or Issue Date : _____
Applicant or Patentee: Michael W. Dutka, et al., by assignment of co-inventors
For: Water Powered Washing and Rinsing Device

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
37 CFR 1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 35 USC 41(a) & (b) to the U.S. Patent Office with regard to the invention entitled _____ described in

- ☒ U.S. Patent Application filed herewith
☐ U.S. Patent Application Serial No. _____ filed _____
☐ U.S. Patent No. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

- ☒ no such person, concern or organization
☐ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. 37 CFR 1.27

FULL NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION


FULL NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file in this patent application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. 37 CFR 1.28(b)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the patent application, any patent issuing thereon, or any patent to which this verified statement is directed.

MICHAEL W. DUTKA

NAME OF INVENTOR _____ NAME OF INVENTOR _____ NAME OF INVENTOR _____


Signature of Inventor _____ Signature of Inventor _____ Signature of Inventor _____
for himself and all co-inventors; all are individuals.

October 30, 2001
Date _____ Date _____ Date _____